


Family Medicine/Primary Care Residency Webinar August 14, 2017



WELCOME EVERYONE!
Thank you for joining us
today

About Song-Brown

- Song-Brown provides funding to education programs (not individual students) to provide clinical training and education in underserved areas. In order to accomplish this mission we incentivize programs to:
 - Train graduates in medically underserved areas
 - Attract and admit members of underrepresented minority groups
 - Place graduates in medically underserved areas
- The Song-Brown Program provides funding to Primary Care (Family Medicine, Internal Medicine, OB/GYN and Pediatric) Residency Programs, Family Nurse Practitioner/Physician Assistant Programs and Registered Nurse Education Programs.

Available Funding

The FY 2017-18 Governor's Budget set aside \$33 million to support primary care (Family Medicine (FM), Internal Medicine (IM), Obstetrics and Gynecology (OB/GYN), Pediatric) residencies in California through the Song-Brown program.

- \$18.7 million is available to fund **existing** primary care slots in FM, IM, OB/GYN, and Pediatric residency programs.
- \$3.3 million is available for Primary Care Residency (PCR) programs that are **expanding** permanently.
- \$5.7 million is available to fund existing **THC** primary care slots.
- \$3.3 million is available to fund **new** PCR programs receiving accreditation after July 1, 2016.

Application Release Dates

Registration: Open now

Application release: August 15, 2017

Application deadline: September 15, 2017

All applications open and close at 3:00pm

Funding Categories – Existing PCR Slots

- Residency programs requesting support for an existing primary care residency program of FM, IM, OB/GYN, or Pediatrics.
- Program must be accredited and enroll at least one class by July 1, 2018.
- Maximum request: \$125,000 per resident.
- Maximum number of residents: 5.

Note: Your program may be eligible to apply under multiple funding categories

Funding Categories – PCR Expansion Slots

- A primary care residency program requesting funds to support new primary care residency slots.
- Must have letter from the appropriate accrediting body approving a permanent increase in the number of primary care residency slots.
- Maximum request: \$150,000 per resident.
- Maximum number of residents: 3.

Note: Your program may be eligible to apply under multiple funding categories

Funding Categories – THC Existing PCR Slots

- THCs requesting support to continue an existing primary care residency program.
- Maximum request: \$170,000 per first-year slot

Note: Your program may be eligible to apply under multiple funding categories

Funding Categories – New PCR Programs

- A primary care residency program that will receive accreditation by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association after July 1, 2016.
- Maximum request: \$800,000
- New PCR programs are eligible to be reimbursed for costs associated with obtaining accreditation. No indirect costs will be allowed.

Note: Your program may be eligible to apply under multiple funding categories

Before You Apply

- If your program requires approval to contract from a coordinating authority, please inform the authority of terms and conditions contained in the Grant Agreement:
 - All applicants will be required to agree to the terms and conditions prior to receiving funds.
 - OSHPD **will not** make changes to the terms and conditions specified in the Grant Agreement.
- The funding established pursuant to this act shall be used to expand primary care services. These funds shall not be used to supplant existing state or local funds.

Awards and Payments

- Existing PCR Slots and PCR Expansion Slots will be paid at a capitated rate, quarterly, in arrears. Agreements will begin in July 2018.
- THC Existing PCR Slots will receive 70 percent of award upon execution of the Grant Agreement in January 2018. The final 30 percent after satisfactory completion of all the agreement terms and conditions.
- New PCR Programs will be paid upon proof of accreditation and allowable expenditures. Agreements will begin in January 2018.

Helpful Resources

- www.calreach.oshpd.ca.gov to apply
- Primary Care Grant Guide for FY 2017-18
- Song-Brown Program Glossary

<http://www.oshpd.ca.gov/hwdd/song-brown-program.html>

Application and Scoring Changes

Most qualitative questions have been removed from the application, however, New PCR Programs will continue to answer qualitative questions.

Existing programs will be scored on the following quantitative questions only:

- Graduates practicing in underserved areas
- Training sites in underserved areas
- Attracting and admitting under-represented and/or economically disadvantaged students
- Clinical hours spent at a primary care continuity clinic
- Graduates practicing in primary care ambulatory settings five years post residency, and
- The payer mix of up to three (3) continuity clinics.


Funding Meeting

Presentations/Funding Meeting

- November 29-30, 2017 – Southern California
- Programs will present by invitation only

Final awards will be made at the Funding Meeting.

We encourage you to attend to answer Commission questions about your program.



Any Questions?

If you're a new applicant, register now.
If you're a returning applicant that has forgotten your password, ask to have your password reset now – don't wait.



The screenshot shows the CalREACH website interface. At the top, there are logos for CalREACH (State of California Office of Statewide Health Planning & Development), the Health Professions Education Foundation (Giving Golden Opportunities), and the Healthcare Workforce Development Division (HWDD). Below the logos is a blue navigation bar with a yellow 'System Login' button. The main content area has a light blue background with a blurred image of a person's hands typing on a keyboard. In the center, it says 'Welcome to CalREACH!' followed by '(Responsive Electronic Application for California's Healthcare)'. Below this, a paragraph states: 'The [Office of Statewide Health Planning and Development](#) (OSHPD) is proud to launch CalREACH to make applying for and receiving healthcare scholarships, loan repayments, and/or grants easier and more efficient.' Another paragraph follows: 'You will now be able to apply for any [Health Professions Education Foundation](#) (Foundation) and/or Healthcare Workforce Development Division (HWDD) scholarships, loan repayments, and/or grants through CalREACH.' Below this is a section titled 'Find Opportunities!' with a paragraph: 'The following scholarships, loan repayment, and/or grant opportunities are currently available or are scheduled to be released soon. See websites for specific release dates.' On the right side of the main content area, there is a white login box with the title 'Login'. It contains fields for 'Username' and 'Password', a blue 'LOGIN' button, and links for 'New User' and 'Forgot Password?'.

CalREACH
State of California
Office of Statewide Health Planning & Development

System Login

Welcome to CalREACH!
(Responsive Electronic Application for California's Healthcare)

The [Office of Statewide Health Planning and Development](#) (OSHPD) is proud to launch CalREACH to make applying for and receiving healthcare scholarships, loan repayments, and/or grants easier and more efficient.

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Find Opportunities!

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Login
Username
Password
LOGIN
[New User](#)
[Forgot Password?](#)

http://www.calreach.oshpd.ca.gov/Module/CAOSHPD/Registration2.aspx

File Edit View Favorites Tools Help

X Convert Select

SAFE Credit Union Home Suggested Sites Upgrade Your Browser

X Find Song Brown Previous Next Options

CalREACH
State of California
Office of Statewide Health Planning & Development

HEALTH PROFESSIONS EDUCATION FOUNDATION
Giving Golden Opportunities

Healthcare Workforce Development Division
HWDD

System Login

Back

Registration

Please complete all the required fields below. Required fields are marked with an *.

Contact Information

Name Prefix First Middle Last Suffix

Program Scholarship / Loan Repayment

Title Scholarship / Loan Repayment
Song Brown

Address

City State California Zipcode

County

Phone #1 Phone #2

Fax Cell Phone

Email

Confirm Email

Website

Username

Password Confirm Password

Choose Song Brown only

When finished, click SAVE

Top of the Page

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1. Enter in all required fields, when finished click SAVE.
2. If there are no errors on the page you will receive a "Registration complete" message.
3. Email SongBrown@oshpd.ca.gov to let Song-Brown staff know that you have registered
4. Once your request has been approved by Song-Brown staff you will receive an email confirming the approval.

Once you have received a “registration approved” message you will be able to access the system.

Enter username and password to begin

Welcome to CalREACH!

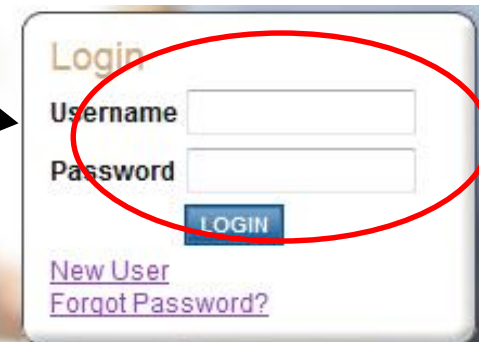
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Find Opportunities!

The following scholarships, loan repayment, and/or grant opportunities are currently available or are scheduled to be released soon. See websites for specific release dates.



My Home

View Available Opportunities

You have **7** My Opportunities available.

Select the **View Opportunities** button below to see what is available to your organization.

VIEW OPPORTUNITIES

- Highlights the funding opportunities available to you

My Inbox

You have **0** new messages.

Select the **Open My Inbox** button below to open your system message inbox.

OPEN MY INBOX

- Messages regarding your application will be here

My Tasks

You have **1** new tasks.

You have **0** tasks that are critical.

Select the **Open My Tasks** button below to view your active tasks.

OPEN MY TASKS

- The number of applications you have started
- Shows where in the process your application is

My Opportunities

To apply for an item listed below, select the **Apply Now** button below each description.

Song-Brown Family Medicine/Primary Care Capitation 2017 for Sample 1 ←

Offered By:
CAOSHPD

Application-Song-Brown Availability Dates:
05/01/2017-06/30/2018

Application-Song-Brown Period:
05/01/2017-06/30/2018

Application-Song-Brown Due Date:
not set

Description:
Song-Brown Family Medicine/Primary Care Residency Programs

The Song-Brown Program provides funding to primary care residency programs (Family Medicine, Internal Medicine, Obstetrics and Gynecology (OB/GYN) and Pediatrics), Family Nurse Practitioner (FNP) and Physician Assistant (PA) Programs and Registered Nurse Education Programs. Individuals are not eligible to receive funding.

Support is provided to institutions to train and educate residents by providing clinical training in underserved areas (Health Professional Shortage Areas, Medically Underserved Areas, and Primary Care Shortage Areas) and health care to the state's underserved population (Medically Underserved Populations). This provides residents with experience and exposure to increasing access to health care and providing healthcare to the underserved.

California family medicine, internal medicine, OB/GYN and pediatric residency programs are eligible to apply for Song-Brown Program funds. All existing primary care residency programs must be accredited by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association. Residency programs that aren't accredited as of July 1, 2016, must be accredited prior to the receipt of state funds. Additionally, all applicants must meet the Standards and Guidelines adopted by the California Healthcare Workforce Policy Commission.

Approximately \$33 million in Capitation funding is available in Fiscal Year 2017-18 via state funding broken down as follows:

- \$18.7 M for existing primary care residency programs
- \$5.7 M for existing Teaching Health Centers
- \$3.3 M for existing primary care residency programs permanently expanding
- \$3.3 M for new primary care residency programs receiving accreditation after July 1, 2016

Competitive proposals will meet the Song-Brown Program evaluation criteria and demonstrate a commitment to Song-Brown goals.

For additional information regarding the Song-Brown Program please visit: [Song Brown](#)

APPLY NOW

Copying Forward

If you previously applied for IM, OB/GYN or Pediatric funding you can copy forward your graduate and training site data by choosing your last application from the drop down list. It is your responsibility to ensure that graduate and training site information is up-to-date. Program and Contractor Information will also copy forward. This feature will save you a great deal of time.

Agreement

Please make a selection below to continue.

You may copy forward data from one of the following items:

Do not copy data forward ▼

If you copy over information from the previous application, please validate that all information is correct.

I agree that I am applying for Song-Brown Health Care Workforce Training Act funds on behalf of an accredited Primary Care Residency Program and would like to move forward with an application for funding.

*Please note - Family Medicine Residency Programs cannot copy data forward for the 2017 application.

I AGREE

I DO NOT AGREE

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Song-Brown Menu

Application-Song-Brown Menu

Document Information: [PCR-2017-Sample 1-00085](#)

 [Details](#)

Info	Document Type	Organization	Role	Current Status	Period Date / Date Due
	Application-Song-Brown	Sample 1	External Program Director (SB)	Application In Process	05/01/2017 - 06/30/2018 N/A

View, Edit and Complete Forms

Select the **View Forms** button below to view, edit, and complete forms.

[VIEW FORMS](#)

Change the Status

Select the **View Status Options** button below to perform actions such as submitting applications or request modifications.

[VIEW STATUS OPTIONS](#)

Access Management Tools

Select the **View Management Tools** button below to perform actions such as adding people to this document or viewing the document history.

[VIEW MANAGEMENT TOOLS](#)

Examine Related Items

Select the **View Related Items** button below to view related items such as claims, messages, etc.

[VIEW RELATED ITEMS](#)

Perform Administrative Tasks















Select the **View Administrative Tasks** button below to perform actions such as completing a review, generating a contract, requesting modifications, etc.

[VIEW ADMINISTRATIVE TASKS](#)

Application Forms

A complete application will contain all of these forms. Please note that Existing, Expansion, and THC applicants will not see the forms for New Programs.

Forms

Status	Page Name	Note	Created By	Last Modified By
Application				
	Before You Begin	1 Fish	8/14/2017 6:34:15 AM	1 Fish 8/14/2017 6:34:51 AM
	Funds Requested	1 Fish	8/14/2017 6:35:22 AM	
	Program Information			
	Contractor Information			
	Executive Summary			
	Statistics			
Statutory Criteria				
	Graduates Information			
	Underrepresented Minorities			
	Training Sites			
For New Programs Only				
	Program Strategies			
	Residency Training			
	Faculty Qualifications			
Attachments				
	Required Attachments			
Assurances				
	Program Director Assurances			

Tips and Tricks

Instructions:

Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

This is where you type...

25 of 3000

Maximum allotted characters

Must complete all boxes
with an asterix *

To add additional pages

SAVE ADD PRINT VERSION CHECK GLOBAL ERRORS


SAVE CHECK GLOBAL ERRORS



Learn to love it!


Will show
all errors
found on
application

Tips and Tricks



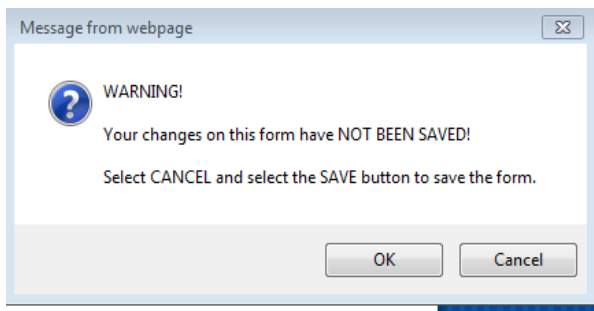
Page Information
The information has been saved.

← When the information has been saved successfully



Page Error(s)
Please fill out the Executive Summary

← Error message will display exactly what is wrong with the page













← You will receive this message if you try and navigate away from the page you are on without hitting SAVE first. You must click CANCEL to clear the warning and then SAVE. If you click OK first you will lose whatever information you have already input.

Page errors

Pay attention to icons – they show which pages are complete and which pages have errors

Forms

Status	Page Name	Note	Created By	Last Modified By
Application				
	Program Information		1 Fish 7/26/2017 10:42:58 AM	1 Fish 7/26/2017 11:00:23 AM
	Contractor Information			
	Executive Summary		1 Fish 7/26/2017 10:43:27 AM	1 Fish 7/26/2017 11:00:46 AM
	Statistics			
Statutory Criteria				
	Graduates Information (3)			
	Underrepresented Minorities		1 Fish 7/26/2017 8:25:35 AM	
	Training Sites		1 Fish 7/26/2017 8:41:22 AM	1 Fish 7/26/2017 10:44:56 AM
Budget				
	Program Expenditures			
Attachments				
	Required Attachments			
Assurances				
	Program Director Assurances			

Graduate and training site pages won't show a pencil when complete. You will have to verify that you have completed entering the requested data.

Page errors

This error may come up when you input addresses in graduates and/or training sites. **Ignore it!** Click the correct address to insert and then the back button and the address will be populated on the previous screen

Page Error(s)

Incorrect syntax near the keyword 'THEN'. Incorrect syntax near the keyword 'THEN'. Please select the Graduate Practice Specialty. ERROR CHECK SELECT @strResult=CASE WHEN (COALESCE(0,0)=0 AND coalesce(1,0)=0 THEN 1 ELSE 0 END Please indicate if the graduate currently is or if the graduate has completed a subspecialty fellowship? ERROR CHECK SELECT @strResult=CASE WHEN (COALESCE(0,0)=0 AND COALESCE(0,0)=0 AND COALESCE(NULL,"")=0 AND COALESCE("","")=0 AND COALESCE("","")=0 THEN 1 ELSE 0 END 1 Please enter practice site information. ERROR CHECK SELECT @strResult=CASE WHEN (CASE WHEN COALESCE(NULL,"")=0 THEN 0 ELSE 1 END + CASE WHEN coalesce(NULL,"")=0 THEN 0 ELSE 1 END) NOT IN (0,2) THEN 1 ELSE 0 END 0 Please enter all information for 1. Practice Site ERROR CHECK SELECT @strResult=CASE WHEN (0=1 AND ISNULL(convert(varchar,NULL),"")=0 THEN 1 ELSE 0 END 0 If information is Unknown, please select reason for Practice Site Not Complete. ERROR CHECK SELECT @strResult=CASE WHEN (CASE WHEN coalesce("","")=0 THEN 0 ELSE 1 END + CASE WHEN coalesce(209 Granada Ave,"")=0 THEN 0 ELSE 1 END + CASE WHEN coalesce(San Francisco,"")=0 THEN 0 ELSE 1 END + CASE WHEN coalesce(CA,"")=0 THEN 0 ELSE 1 END + CASE WHEN coalesce(94112,"")=0 THEN 0 ELSE 1 END + CASE WHEN coalesce(363,0)=0 THEN 0 ELSE 1 END + CASE WHEN coalesce(NULL,"")=0 THEN 0 ELSE 1 END) NOT IN (0,7) THEN 1 ELSE 0 END 1 Please complete all fields in section 3. ERROR CHECK SELECT @strResult=CASE WHEN (CASE WHEN COALESCE("","")=0 THEN 0 ELSE 1 END + CASE WHEN COALESCE("","")=0 THEN 0 ELSE 1 END + CASE WHEN COALESCE("","")=0 THEN 0 ELSE 1 END + CASE WHEN COALESCE("","")=0 THEN 0 ELSE 1 END + CASE WHEN COALESCE("","")=0 THEN 0 ELSE 1 END + CASE WHEN COALESCE("","")=0 THEN 0 ELSE 1 END + CASE WHEN COALESCE(NULL,0)=0 THEN 0 ELSE 1 END + CASE WHEN COALESCE(NULL,"")=0 THEN 0 ELSE 1 END) NOT IN (0,9) THEN 1 ELSE 0 END 0 Please complete all fields in section 4. ERROR CHECK SELECT @strResult=CASE WHEN (CASE WHEN COALESCE("","")=0 THEN 0 ELSE 1 END + CASE WHEN COALESCE("","")=0 THEN 0 ELSE 1 END) NOT IN (0,1) THEN 1 ELSE 0 END 0 Please select only one site. Use the Add/Edit link to remove addresses and the ADD link at the top of the page to add additional sites. ERROR CHECK SELECT @strResult=CASE WHEN (0=1) AND (CASE WHEN COALESCE(NULL,0)=0 THEN 0 ELSE 1 END + CASE WHEN COALESCE(209 Granada Ave,"")=0 THEN 0 ELSE 1 END + CASE WHEN COALESCE("","")=0 THEN 0 ELSE 1 END) NOT IN (0) THEN 1 ELSE 0 END 0 You cannot check Unknown and select/enter a practice site. ERROR CHECK SELECT @strResult=CASE WHEN (NULL<>"") AND (CASE WHEN COALESCE(NULL,0)=0 THEN 0 ELSE 1 END + CASE WHEN COALESCE(209 Granada Ave,"")=0 THEN 0 ELSE 1 END + CASE WHEN COALESCE("","")=0 THEN 0 ELSE 1 END) NOT IN (0) THEN 1 ELSE 0 END 0 You cannot select "Practice site unknown because" and select/enter a practice site. EXEC spwCA_OSHPD_PostSave_Graduates_Information 90200,11795

[Back](#)

Address Verification

Instructions:

1. Enter a complete street address (Example: 400 R Street, Sacramento, CA 95811). Do not enter a PO Box or Suite information.
2. Click **SEARCH**.
3. Select the correct address in the search results and click **INSERT ADDRESS**.
4. To remove an address, click **CLEAR CURRENT ADDRESS**.

Enter an Address (No PO Boxes)

Current Address 209 Granada Ave

Address

209 Granada Ave

SEARCH

CLEAR CURRENT ADDRESS

Address

- ☐ 209 Granada Ave, San Francisco, CA 94112
- ☐ 209 Granada Ave, Davenport, FL 33837
- ☐ 209 Granada Ave, El Paso, TX 79912

New Application Pages

This page will assist you in completing the funds requested page. Read the eligibility requirements, and click the box stating that you meet the requirements. Remember that you may be eligible for multiple funding opportunities.

BEFORE YOU BEGIN

Welcome to the Song-Brown 2017 Primary Care Residency (PCR) online grant application. Before you begin, please take a minute to review the following instructions:

Thoroughly review the new [Song-Brown PCR 2017 Grant Guide](#) in its entirety and familiarize yourself with the application process and procedures before you begin your application. The Grant Guide contains answers to common questions, information about important deadlines, as well as step-by-step instructions for completing your application in CalREACH. The deadline to submit your application is **(Friday, September 15, 2017, at 3 pm)**. Late or incomplete applications will not be considered. Before submitting, reread your application. Have someone else read it. Proofread it again. Once you submit your application, you will not be able to go back to revise the application. When you have successfully submitted your Song-Brown grant application, CalREACH will email a confirmation of receipt to the designated Program Director.

ELIGIBILITY

To be eligible for any Song-Brown PCR grant award, the following must be true and correct. Please read each statement below.

Each Primary Care Residency Training Program approved for funding shall, prior to the initiation of training and the transfer of State funds:

A. Be provided by an accredited medical school that has programs or departments that recognize Family Medicine, Internal Medicine, Obstetrics and Gynecology, or Pediatrics as major independent specialties, and are approved by the Residency Review Committee of the Accreditation Council for Graduate Medical Education (ACGME).

Each postgraduate osteopathic medical program in Family Medicine, Internal Medicine, Obstetrics and Gynecology, or Pediatrics approved for funding shall, prior to the initiation of training and the transfer of State funds:

B. Be provided by an accredited medical school that has programs or departments that recognize Internal Medicine, Obstetrics and Gynecology, or Pediatrics as major independent specialties, and are approved by the American Osteopathic Association (AOA) Council on Postdoctoral Training and meet accreditation requirements of the AOA to ensure that Osteopathic Programs are comparable to Family Medicine Residency Training Programs.

☒ I meet one of these eligibility requirements above.*

AVAILABLE FUNDING

There are four (4) funding opportunities available for this PCR 2017 application cycle. Applicants will submit one application even if seeking funding for multiple award categories. For the funding opportunities listed below, check the boxes for all grant opportunities for which you are applying.

Note: If you decide to NOT apply for one or more grant award(s), you MUST uncheck the boxes on this page that correlate to that/ those grant award(s) BEFORE you submit your application.

Existing PCR Slots – residency programs requesting support for an existing primary care residency program of Family Medicine, Internal Medicine, OB/GYN, or Pediatrics. The program must be accredited and enroll at least one class by July 1, 2018. Residency programs receiving Existing PCR slot awards may receive \$125,000 per first-year slot for up to five (5) slots.

☒ I meet the eligibility requirements and am applying to this program.

Teaching Health Center Slots – Teaching Health Centers (View Definition) requesting operating support to continue an existing primary care residency program. Teaching Health Centers receiving awards may receive \$170,000 per first-year slot with no maximum beyond the number of filled first-year slots.

☐ I meet the eligibility requirements and am applying to this program.

PCR Expansion Slots – primary care residency program requesting funds to support new primary care residency slots, as evidenced by letters from the appropriate accrediting body approving a permanent increase in the number of primary care residency slots. Residency programs receiving PCR Expansion awards may receive \$150,000 per first-year slot for up to three (3) slots.

☐ I meet the eligibility requirements and am applying to this program.

New Programs – new primary care residency programs that will receive accreditation by the ACGME or AOA after July 1, 2016. The grant must support the start-up of the new program. New programs will receive a grant of \$800,000.

☐ I meet the eligibility requirements and am applying to this program.

☐ I have read and understood the information above.*

When finished, click **SAVE** and continue.

New Application Pages

Using the previous page as a guide, check all funding types that apply. This will ensure that the correct application is pulled up.

FUNDS REQUESTED

Instructions:

Please fill in the appropriate fields.

Required fields are marked with an *.

When done, click the SAVE button.

Funding Information

Check all that apply	Funding Type	Slots Requested	Maximum Slots	Rate	Total Requested
<input type="checkbox"/>	Existing PCR	<input type="text"/>	5	\$125,000	
<input type="checkbox"/>	THC Slots	<input type="text"/>	No maximum	\$170,000	
<input type="checkbox"/>	PCR Expansion	<input type="text"/>	3	\$150,000	
<input type="checkbox"/>	New Program	<input type="text"/>		\$800,000	\$0
Grand Total Requested					

Program Expenditures

Note: Only complete this section if you are applying for Existing PCR and/or PCR Expansion Slots.

RESIDENCY PROGRAM EXPENDITURES

Line Item	Total Annual Expenditures
Faculty Costs	<input type="text"/>
Residency Stipends	<input type="text"/>
Family Practice Center Costs	<input type="text"/>
Other Costs	<input type="text"/>
Total Annual Expenditures	

Comments

0 of 250

Program Information

There will not be a separate application for Family Medicine funding. This is where you will select your program type.

PROGRAM INFORMATION

Instructions:

Please fill in the appropriate fields.

Required fields are marked with an *.

When done, click the SAVE button.

Choose whether your program is new or an existing program ☐ New ☒ Existing

Practice Specialty

☐ Internal Medicine Residency Program ☐ Obstetrics and Gynecology (OB/GYN) Residency Program ☐ Pediatric Residency Program ☒ Family Medicine Residency Program*

Program Director: *

Program Director Degree *

Program Director Email *

Program Director Phone *

Title of Training Program

Training Program Address

Contractor Information

CONTRACTOR INFORMATION

Instructions:

Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

Name of Contract Organization:	<input type="text" value="Dignity Health"/>		
Name of Contracts Officer:	First Name: <input type="text" value="Lance"/>	* Last Name: <input type="text" value="Jones"/>	*
Title of Contracts Officer:	<input type="text" value="Post award Contract Officer"/>		
Mailing Address (where contract should be mailed)			
Address:	<input type="text" value="1401 Grand Ave."/>		
Suite:	<input type="text"/>		
City:	<input type="text" value="Los Angeles"/>	State: California	Zip: <input type="text" value="90210"/>
County:	<input type="text" value="Los Angeles County"/>		
Telephone:	<input type="text" value="(213) 548-8795"/>		
Email:	<input type="text" value="lance.jones@dignityhealth.org"/>		
Federal Tax ID Number	<input type="text" value="125652148"/>		

1. Make sure the contract organization is correct
2. Contracts Officer must be the post award officer not the pre-award grants officer.

Please take the time to correctly fill out this form. Incorrect information may delay full execution of your grant agreement.

Underrepresented Minorities

The graduate numbers indicated on this page must match the graduate total input on the graduate page.

UNDERREPRESENTED MINORITIES

Instructions:

Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

Applicants applying for Existing PCR, THC, and Expansion PCR funding must provide current resident and graduate numbers for years shown.

Choose whether your program is new or an existing program

☐ New ☐ Existing

Ethnic/Racial Category	Graduates 2015/16	Graduates 2014/15	Graduates 2013/14	Graduates 2012/13	Graduates 2011/12	Total	Current Residents PGY1 2017/18	Current Residents PGY2 2017/18	Current Residents PGY3 2017/18	Total 2017/18
American Indian/Native American/Alaskan Native	1					1				0
Asian										
Asian Indian						0				0
Cambodian		1				1				0
Chinese						0				0
Filipino						0				0
Indonesian						0				0
Japanese						0				0
Korean						0				0
Laotian/Hmong						0				0
Malaysian						0				0
Pakistani						0				0
Thai						0				0
Vietnamese						0				0
Black, African American, or African						0				0
Hispanic or Latino						0				0
Native Hawaiian or Other Pacific Islander						0				0
White/Caucasian/ European/Middle Eastern						0				0
Other						0				0
Total	1	1	0	0	0	2	0	0	0	0

Defined as underrepresented by the California Healthcare Workforce Policy Commission

Comments

0 of 250

Navigation Links

Status	Page Name	Note	Created By	Last Modified By
	Graduates Information (2)		Fish, 1 7/28/2017 7:00:34 AM	Fish, 1 7/28/2017 7:14:56 AM
	Underrepresented Minorities		Fish, 1 7/28/2017 7:19:46 AM	
	Training Sites			

Please ensure that you verify these numbers. CalREACH will not indicate an error. Missing or incomplete information may delay processing or cause your application to be rejected.

GRADUATES INFORMATION

Instructions:

Please fill in the appropriate fields.
When done, click the SAVE button.
Click ADD to create additional pages for entering more graduates.

☐ This is a new program with no graduates to report.

Grad Year 2014/15

Graduate Last Name
Jones

Graduate First Name
Brandy

National Provider Identifier Number
154878995

☐ HPEF Scholar ☐ NHSC Recipient

Graduate Practice Specialty
Allergy and Immunology

Is the graduate currently in or has the graduate completed a subspecialty fellowship? With the exception of Geriatrics, Palliative Care, General IM, and Adolescent Medicine. No

1. Practice Site

After saving the page, click the Add/Edit link below to add your site.
If Practice site is not listed, please use the section below.

[Add/Edit Address](#)

Practice Site

[OSHPD ID \(Optional\)](#)

Address

City State Zip County

Is the graduate practicing greater than 50% in ambulatory primary care at this site?

2. For graduates not practicing in California or without practice location information, check the unknown box and provide reason.

☐ Unknown

Practice site unknown because

3. For a practice site not entered in section 1, enter information below

Practice Site

[OSHPD ID \(Optional\)](#)

After saving the page, click the Add/Edit link below to add your site's address.

[Add/Edit Address](#)

Address

City State Zip County

Is the graduate practicing greater than 50% in ambulatory primary care at this site?

4. For a private practice sites not entered in section 1, enter information below

Private Practitioner
First Name

Private Practitioner
Last Name

Practice Title

After saving the page, click the Add/Edit link below to add your site's address.

[Add/Edit Address](#)

Address

City State Zip County

Is the graduate practicing greater than 50% in ambulatory primary care at this site?

You must fill out a separate page for each graduate you input. On this page you have the following five choices:

- 1) If you are a new program and have no graduates to report for the period requested click this check box and click SAVE;
- 2) If you have graduates to report, start with Section 1, click the SAVE button and use the add/edit feature to search the practice site name, click Insert Address and the address will populate for you;
- 3) If you have a graduate not practicing in California **or** without a practice location enter them using Section 2. Click unknown and provide the reason using the dropdown;
- 4) If you can't locate your practice site using Section 1, type in the name and address in Section 3;
- 5) If the practice site is a private medical office and can't be located using Section 1, type in the name and address here. You will also have to check whether the graduate is practicing 50% or more in ambulatory primary care.

Training Sites

TRAINING SITES

Instructions:

Please fill in the appropriate fields.
When done, click the **SAVE** button.

1

1. Training Site

After saving the page, click the Add/Edit link below to add your site.

[Add/Edit Address](#)

If the site is **NOT** listed then answer this question:


Is the training site a private practitioner's office? ☐ Yes ☒ No

2

Identify if the training site is a Principle, Secondary, or Continuity clinic.
For Continuity clinics only, identify the percent of payers at this site.
(If the percent of payers is zero please mark "0")

- ☐ Principal Training Site
☐ Secondary Training Site
☐ Continuity Training Site

3

NHSC site ☐ 

[OSHDP ID \(Optional\)](#)

2. For training sites not in section 1, enter the information below.

Training Site

After saving the page, click the Add/Edit link below to add your site's address.

[Add/Edit Address](#)

Address

City

State

Zip Code

County

Identify if the training site is a Principle, Secondary, or Continuity clinic.
For Continuity clinics only, identify the percent of payers at this site.
(If the percent of payers is zero please mark "0")

- ☐ Principal Training Site
☐ Secondary Training Site
☐ Continuity Training Site

NHSC site ☐ 

[OSHDP ID \(Optional\)](#)

4

You must fill out a *separate page for each training site* you input. On this page you have the following three choices:

1) If you have training sites to report start with Section 1, click the SAVE button and use the add/edit feature to find the right practice site name, click Insert Address and the address will populate for you;

2) If the training site your looking for isn't in Section 1, check whether the training site is a private medical office. The correct address box will pop up.

3) Choose whether this site is a principle, secondary, or continuity. You must also provide payer mix information for continuity clinics.

3) Type in the name and address of the training site here.

Required Attachments

REQUIRED ATTACHMENTS

Instructions:

Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

Attachment #1: Accreditation Approval Letters

Instructions: If requesting Existing PCR or THC Slots funding, attach copies of the most recent approval letter from the appropriate accrediting/approval bodies. If requesting PCR Expansion, attach copies of the approval letter from the appropriate accrediting/approval bodies showing approval to expand. If requesting New Programs funding, attach

	Browse... *
	Browse...
	Browse...

Attachment #2: Budget

Instructions: If requesting New Programs or THC funding, attach a budget proposal using the template provided below. Song-Brown will only accept budgets submitted using this template.

[Download THC Budget Template](#) [Download New Program Budget Template](#)


	Browse... *
	Browse...
	Browse...

Attachment #3: Letters of Sustainability

Instructions: If requesting New Programs funding, attach letters from your sponsoring institution and/or others that speak to program sustainability beyond Song-Brown funds awarded.

	Browse... *
	Browse...
	Browse...

Returning to an Application in Process


 [Back](#)

My Application

Use the search functionality below to find a specific Applications.

Search Application

Application Type

Application Name 

Contract Number

Status


Year

Enter the last few digits of
your application number here

Export Results to **Sort by:**

Document Type	Organization	Name	Contract Number	Current Status	Year
Application-Song-Brown	Sample 1	PCR-2017-Sample 1-00002		Application In Process	2017
Application-Song-Brown	Sample 1	PCR-2017-Sample 1-00020		Application In Process	2017
Application-Song-Brown	Sample 1	PCR-2017-Sample 1-00021		Application In Process	2017
Application-Song-Brown	Sample 1	PCR-2017-Sample 1-00022		Application In Process	2017
Application-Song-Brown	Sample 1	PCR-2017-Sample 1-00023		Application In Process	2017
Application-Song-Brown	Sample 1	PCR-2017-Sample 1-00024		Application In Process	2017
Application-Song-Brown	Sample 1	PCR-2017-Sample 1-00025		Application In Process	2017
Application-Song-Brown	Sample 1	PCR-2017-Sample 1-00026		Application In Process	2017

Returning to an Application in Process

 [Back](#)

My Application

Use the search functionality below to find a specific Applications.

Search Application

Application Type

Application Name

Contract Number

Status

Year

Click here to
view, edit
application

Export Results to **Sort by:**

Document Type	Organization	Name	Contract Number	Current Status	Year
Application-Song-Brown	Sample 1	PCR-2017-Sample 1-00002		Application In Process	2017
Application-Song-Brown	Sample 1	PCR-2017-Sample 1-00020		Application In Process	2017
Application-Song-Brown	Sample 1	PCR-2017-Sample 1-00021		Application In Process	2017
Application-Song-Brown	Sample 1	PCR-2017-Sample 1-00022		Application In Process	2017
Application-Song-Brown	Sample 1	PCR-2017-Sample 1-00023		Application In Process	2017
Application-Song-Brown	Sample 1	PCR-2017-Sample 1-00024		Application In Process	2017
Application-Song-Brown	Sample 1	PCR-2017-Sample 1-00025		Application In Process	2017
Application-Song-Brown	Sample 1	PCR-2017-Sample 1-00026		Application In Process	2017

Submitting Your Application

PROGRAM DIRECTOR ASSURANCES

Instructions:

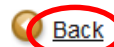
Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

- ☐ I agree to accept responsibility to complete contract deliverables if an award is made as a result of this application.*
- ☐ I certify that the statements herein are true and complete to the best of my knowledge.*

When finished, click SAVE.

To submit your application, please change the status to "Application Submitted" on the [Status Change](#) page.

Click the back button to return to the
Application Menu



Application-Song-Brown Menu - Forms

Please complete all required forms below.



View, Edit and Complete Forms

Select the **View Forms** button below to view, edit, and complete forms.

[VIEW FORMS](#)



Change the Status

Select the **View Status Options** button below to perform actions such as submitting applications or request modifications.

[VIEW STATUS OPTIONS](#)



Examine Related Items

Select the **View Related Items** button below to view related items such as claims, messages, etc.

[VIEW RELATED ITEMS](#)

Submitting Your Application



[Back](#)

Application-Song-Brown Menu - Status Options

Select a button below to execute the appropriate status push.

Possible Statuses

APPLICATION CANCELLED

APPLY STATUS

APPLICATION SUBMITTED

APPLY STATUS

An application is not considered submitted until the application status shows “submitted”

View, Edit and Complete Forms

Select the **View Forms** button below to view, edit, and complete forms.

[VIEW FORMS](#)

Change the Status

Select the **View Status Options** button below to perform actions such as submitting applications or request modifications.

[VIEW STATUS OPTIONS](#)

Access Management Tools

Select the **View Management Tools** button below to perform actions such as adding people to this document or viewing the document history.

[VIEW MANAGEMENT TOOLS](#)

Examine Related Items

Select the **View Related Items** button below to view related items such as claims, messages, etc.

[VIEW RELATED ITEMS](#)

To print, click View Management Tools

You can print a populated version or a blank version of your application. Print versions are PDFs

Management Tools

CREATE FULL PRINT VERSION

Select the link above to create a printable version of the document.

CREATE FULL BLANK PRINT VERSION

Select the link above to create a blank printable version of the document.

ADD/EDIT PEOPLE

Select the link above to perform actions such as adding people, changing a security role, or altering people's active dates on this document.

STATUS HISTORY

Select the link above to view the status history of this document.

PROCESS FLOW SNAPSHOT

Select the link above to view the details of the current and next possible status for this document.

VIEW MODIFICATION HISTORY

Select the link above to view various modifications that people have made to specific pages in the document.

ATTACHMENT REPOSITORY

Select the link above to view all attachments in this document.

Any Questions?

Email:
SongBrown@oshpd.ca.gov

Song Brown

40 YEARS ♦ 1973-2013